

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREAlonzo W. Morris Jr.

Plaintiff

V.

Thomas Carroll, Warden

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

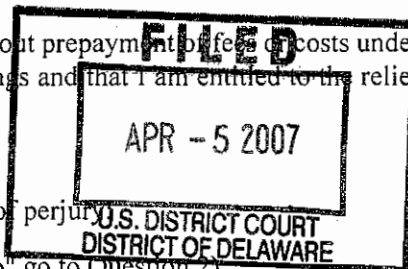
CASE NUMBER:

- 07 - 194

I, Alonzo Morris declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 263971

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
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4. Do you have any cash or checking or savings accounts? •• Yes •• ~~No~~

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? •• Yes •• ~~No~~

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

3/17/07
DATE

Alonso Nolasco
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Certificate of Service

I, Alonzo Morris, hereby certify that I have served a true
and correct cop(ies) of the attached: Habeas Corpus
_____ upon the following
parties/person (s):

TO: Dept. of Justice
Sussex County

TO: Superior Court
Sussex County

TO: James Liguori Esq.
46 The Green
Dover De. 19901

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this _____ day of _____, 2006

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

- 07 - 194 -

TO: Alonzo Morris SBI#: 203971

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: February 28, 2007

Attached are copies of your inmate account statement for the months of

August 1, 2006 to January 31, 2007

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>45.29</u>
<u>Sept</u>	<u>54.95</u>
<u>Oct</u>	<u>27.41</u>
<u>Nov</u>	<u>73.04</u>
<u>Dec</u>	<u>109.46</u>
<u>Jan</u>	<u>118.19</u>

Average daily balances/6 months: 71.42

Attachments

CC: File

Stacy Shane
2/28/07

Jeannette
L. Havel

Individual Statement From August 2006 to December 2006

Date Printed: 2/28/2007

SBI	Last Name	First Name	MI	Suffix	Beginning Month Balance:	\$11.66
00263971	MORRIS	ALONZO			Ending Month Balance:	\$155.40
Current Location:	22	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	8/1/2006	(\$6.57)	\$0.00	\$0.00	\$5.09	300017			
Visit	8/2/2006	\$20.00	\$0.00	\$0.00	\$25.09	300852	9253000714-04044		UNK
Mail	8/3/2006	\$40.00	\$0.00	\$0.00	\$65.09	301546	4832345654		M. FELTON
Supplies-MailP	8/10/2006	\$0.00	\$0.00	(\$4.20)	\$65.09	304672		8/2/06	
Supplies-MailP	8/11/2006	(\$5.00)	\$0.00	\$0.00	\$60.09	305038		7/9/06	
Supplies-MailP	8/11/2006	(\$4.20)	\$0.00	\$0.00	\$55.89	305747		8/2/06	
Canteen	8/15/2006	(\$30.08)	\$0.00	\$0.00	\$25.81	306749			
Pay-To	8/18/2006	(\$10.00)	\$0.00	\$0.00	\$15.81	308619		CHANQUA MORRIS	
Mail	8/23/2006	\$50.00	\$0.00	\$0.00	\$65.81	310028	9587963057		M. FELTON
Canteen	8/29/2006	(\$29.76)	\$0.00	\$0.00	\$36.05	311677			
Pay-To	8/30/2006	(\$15.00)	\$0.00	\$0.00	\$21.05	312553		TAYLOR PHILLIPS	
Mail	9/5/2006	\$50.00	\$0.00	\$0.00	\$71.05	314404	10028772876		GOSLEE
Canteen	9/12/2006	(\$30.00)	\$0.00	\$0.00	\$41.05	318561			
Mail	9/18/2006	\$30.00	\$0.00	\$0.00	\$71.05	320943	5566118837		M. WILSON
Canteen	9/26/2006	(\$28.59)	\$0.00	\$0.00	\$42.46	324056			
Mail	9/29/2006	\$20.00	\$0.00	\$0.00	\$62.46	325978	5572369642		M. SHAW
Pay-To	10/5/2006	(\$10.00)	\$0.00	\$0.00	\$52.46	328916		KIARRA WILLIAMS	
Canteen	10/10/2006	(\$28.49)	\$0.00	\$0.00	\$23.97	330591			
Canteen	10/24/2006	(\$23.72)	\$0.00	\$0.00	\$0.25	337067			
Visit	11/13/2006	\$100.00	\$0.00	\$0.00	\$100.25	345391	4896721437-24285		Y. COSLEE
Supplies-MailP	11/15/2006	\$0.00	\$0.00	(\$2.86)	\$100.25	346843		INDIGENT 11/8/06	
Mail	11/16/2006	\$20.00	\$0.00	\$0.00	\$120.25	347277	10364592385		E. ROSS
Supplies-MailP	11/17/2006	\$0.00	\$0.00	(\$4.20)	\$120.25	348048		11/10/06	
Canteen	11/21/2006	(\$29.63)	\$0.00	\$0.00	\$90.62	348876			
Mail	11/21/2006	\$30.00	\$0.00	\$0.00	\$120.62	349004	09985905461		M FELTON
Mail	11/27/2006	\$20.00	\$0.00	\$0.00	\$140.62	350196	56040295289		M WILSON
Canteen	12/6/2006	(\$19.81)	\$0.00	\$0.00	\$120.81	354916			
Pay-To	12/8/2006	(\$10.00)	\$0.00	\$0.00	\$110.81	356341		DARIEN JONES	
Supplies-MailP	12/8/2006	(\$2.86)	\$0.00	\$0.00	\$107.95	356730		INDIGENT 11/8/06	
Supplies-MailP	12/8/2006	(\$4.20)	\$0.00	\$0.00	\$103.75	356782		11/10/06	

Date Printed: 2/28/2007

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Individual Statement From August 2006 to December 2006

Canteen	12/13/2006	(\$14.58)	\$0.00	\$0.00	\$89.17	358537	
Canteen	12/20/2006	(\$19.90)	\$0.00	\$0.00	\$69.27	361729	
Visit	12/26/2006	\$50.00	\$0.00	\$0.00	\$119.27	363360	9252005898-16969
Canteen	12/27/2006	(\$18.87)	\$0.00	\$0.00	\$100.40	364576	
Mail	12/27/2006	\$55.00	\$0.00	\$0.00	\$155.40	364715	56046645688
							M WILSON

Ending Month Balance:	\$155.40
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Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Date Printed: 2/28/2007

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Individual Statement**For Month of January 2007**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$155.40
00263971	MORRIS	ALONZO				
Current Location:	22	Comments: QOL4				

Trans Type	Date	Deposit or Withdrawal		Non-Medical Hold		Balance	Trans #	MO # or Ck #	PayTo	SourceName
		Amount	Medical Hold							
Canteen	1/3/2007	(\$16.61)	\$0.00		\$0.00	\$138.79	368049			
Canteen	1/10/2007	(\$10.35)	\$0.00		\$0.00	\$128.44	370823			
Supplies-MailP	1/16/2007	\$0.00	\$0.00		(\$3.75)	\$128.44	373612		12/11/06	
Canteen	1/17/2007	(\$17.39)	\$0.00		\$0.00	\$111.05	373827			
Canteen	1/24/2007	(\$19.50)	\$0.00		\$0.00	\$91.55	376238			
Supplies-MailP	1/30/2007	(\$3.75)	\$0.00		\$0.00	\$87.80	379170		12/11/06	
Canteen	1/31/2007	(\$19.69)	\$0.00		\$0.00	\$68.11	380114			
Ending Mth Balance:						\$68.11				

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: \$0.00**